

RenaassistPLUS is a program sponsored by sanofi-aventis Canada Inc. ("Sanofi Canada") for patient support and reimbursement for the products RENAGEL® and RENVELA®. Eligible patients who are enrolled in RenaassistPLUS are offered the opportunity to receive educational materials on the management of their condition, to obtain reimbursement assistance and to provide their physicians with an update on their treatment progress. RenaassistPLUS offers these benefits at no cost to enrolled patients. The program is administered by Medicum Patient Assistance Program Inc. ("Medicum").

Coverage eligibility for medications such as **RENAGEL®** or **REVELA®** from your Group Health Drug Plan, Private Medical Insurance or Provincial Formulary Exemption options may be highly conditional and difficult to access. Depending upon how you present your case for drug claim eligibility with various payer options, you may or may not qualify for benefit eligibility – simply on the basis of a poor interpretation, misunderstanding or an incomplete pre-authorization submission. Don't take the chance of having your claim denied and missing out on benefits to which you are entitled. The experts at Medicum can work on your behalf to maximize your chances of getting full medical support coverage for medications and other benefits that are important to the successful management of your condition.

MEDICAL INSURANCE, FINANCIAL ASSISTANCE INVESTIGATION, AND EDUCATIONAL MATERIALS AUTHORIZATION:
(To be completed by patient or family member)

To Whom It May Concern,

I have read, understand and accept the terms pertaining to the Protection of Personal Information provided on the reverse page, and hereby authorize Medicum to act and assist on my behalf related to the following:

- 1 To investigate and determine on my behalf or that of my dependent, any and all information related to my Provincial Health Plan, Private and/or Group Health Insurance coverage and conditions as it relates to drug benefits or other medical benefits associated with my medical treatment. I acknowledge that in investigating my full benefit potential, Medicum may need to contact my insurer or that of my dependent, or my physician for additional information related to my benefit eligibility request, should it be required.
- 2 To investigate and determine on my behalf or that of a dependent, any and all information related to my eligibility for Co-Pay Assistance and/or Provincial Deductible payment assistance. I acknowledge that in determining my eligibility, Medicum may need to request proof of family income as per applicable provincial or program sponsor criteria.
- 3 I also authorize the release of my personal information collected on this form and during my enrolment with Medicum, to potential payers or reimbursement organizations to determine my eligibility. I hereby direct third party plans in which I am eligible for prescription and other health-related benefits to release coverage information related to my policy to Medicum.
- 4 To receive educational materials on the management of my condition, to obtain reimbursement assistance and to provide my physicians with an update on my treatment progress.

PATIENT SIGNATURE/LEGAL REPRESENTATIVE: _____ DATE: _____ (DD/MM/YYYY)

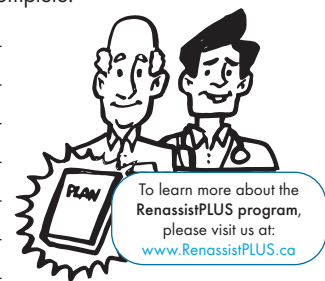
PRINTED NAME OF PATIENT OR LEGAL REPRESENTATIVE: _____ RELATIONSHIP TO PATIENT: *

* If signed by someone other than the patient, please state your authority to sign on their behalf.

PATIENT'S GROUP HEALTH PLAN OR INSURANCE MEMBERSHIP AUTHORIZATION:

In order to assist Medicum with my file, I hereby provide the following background information which I confirm is accurate and complete.

PATIENT NAME: _____ PLAN MEMBER: _____
 DATE OF BIRTH: _____ GROUP HEALTH INSURER: _____
 PATIENT ADDRESS: _____ GROUP PLAN #: _____ ID #: _____
 CITY/TOWN: _____ PRIVATE INSURANCE: _____ POLICY #: _____
 PROVINCE: _____ POSTAL CODE: _____ PRESCRIBING HEALTH PROFESSIONAL: _____
 TELEPHONE NUMBER: _____ PRESCRIBER'S OFFICE TELEPHONE: _____
 EMPLOYEE STATUS: ACTIVE _____ RETIRED _____ PHARMACY NAME: _____
 PHARMACY TELEPHONE: _____



PHYSICIAN'S NOTICE OF MEDICAL NECESSITY AUTHORIZATION:

I hereby acknowledge that I am the patient's attending physician and that the applicant is under my care. Further, I confirm that the patient has been prescribed medication within approved product indications as per Health Canada. If I sign with an electronic signature, I agree that it will have the same force and effect as my "wet ink" signature.

PHYSICIAN'S ACKNOWLEDGEMENT: _____ DATE: _____ (DD/MM/YYYY)

(Please sign here)

PLEASE FAX OR MAIL THE COMPLETED FORM TO THE ADDRESS BELOW:

Fax: 1-877-787-3376 (Toll-Free)
Telephone: 1-866-424-8051 (Toll-Free)

MEDICUM PATIENT SUPPORT PROGRAM
 1965 Ste-Angélique Road, Suite #210, St-Lazare, QC J7T 0E2



PROTECTION OF PERSONAL INFORMATION

It is important for you to understand how the information you share as part of Sanofi Canada's RenassistPLUS program will be used. At Sanofi Canada we are committed to respect your right to privacy. This section describes why and how your Personal Information is collected and processed through RenassistPLUS. Generally stated, by Personal Information, we mean any information about an identifiable person including but not limited to your name, address, telephone number and date of birth ("Personal Information"). Sanofi Canada has retained an administrator, Medicum, for the administration of the RenassistPLUS program including managing the collection and processing of Personal Information (the "Administrator"). Except for Sanofi Canada's legal requirements and pharmacovigilance duties detailed herein, Sanofi Canada will not have access to any of your Personal Information. Sanofi Canada will only have access to aggregate and unidentifiable statistical information regarding patients registered in the RenassistPLUS program.

By accepting to become a member of RenassistPLUS, you agree to provide your Personal Information (such as your name, address, phone number, email address, your birth year, gender and certain health information). This information will be used solely in relation to the RenassistPLUS program. Your Personal Information is collected, used and disclosed for the purposes identified below:

- to create your RenassistPLUS registration
- with your prior permission, to send you materials related to RenassistPLUS in order to provide you with reimbursement assistance, including communicating with third-party insurers with your consent
- to respond to your queries and questions
- for any additional purposes identified at the time of collection
- for any additional purpose to which a member consents to and
- as otherwise permitted or required by applicable law

Your Personal Information will not be shared or disclosed except with:

- the Administrator, to manage the collection and processing of the RenassistPLUS program's Personal Information. We have contractually ensured that this third-party service provider provides a high level of Personal Information protection and is responsible for the security of the Personal Information. They are not authorized to collect, use or disclose the Personal Information except as necessary to perform services on our behalf in relation to the RenassistPLUS program's Purposes as described herein, or to comply with legal requirements;
- your physician, in relation to the Purposes of the RenassistPLUS program.
- the statistical data related to RenassistPLUS will be rendered in an aggregated and anonymous manner and shared with Sanofi Canada, healthcare practitioners and other third parties, as the case may be.

Sanofi Canada reserves the right to transfer any Personal Information related to the RenassistPLUS program in connection with the sale or transfer of all or a portion of our business or assets or rights relating thereto. Should such a sale or transfer occur, we will request the transferee use and disclose Personal Information you have provided through RenassistPLUS in a manner that is consistent with the Purposes disclosed herein.

If you provide information about an adverse experience while using any of Sanofi Canada's products, we may use the information you provided to submit reports to Health Canada and/or other relevant regulators. We may be required to contact you and/or your healthcare professional for further information. You understand that in order to comply with the law, we may not be permitted to meet your request to amend or remove Personal Information you provided to us or a third party regarding an adverse experience while using any of Sanofi Canada's products. The processing of adverse experiences may include and/or be managed by

Sanofi Canada's affiliates or third-party service providers retained specifically for this sole purpose. The information is collected and maintained in a computerized database that is an internal tool used solely for the purpose of conducting pharmacovigilance practices. The database is only accessible to employees, agents or authorized service providers for whom the information is needed in the performance of their pharmacovigilance duties. Some affiliates of the sponsoring pharmaceutical company and authorized third-party services providers are located in countries where there is no personal data protection law or where the level of protection is less than the requirements of your jurisdiction, and Personal Information may be disclosed to foreign government authorities pursuant to lawful requirements of such other jurisdictions. Appropriate safeguards and security requirements have been put in place. Nevertheless, the reasonable contractual measures taken to protect Personal Information while processed or handled are subject to applicable foreign legal requirements, for example lawful requirements to disclose Personal Information to government authorities in those countries.

The Administrator will only retain Personal Information as long as needed to fulfill the Purposes. The file containing your Personal Information will be made available to the authorized employees, contractors or agents of the Administrator who need to access the information in connection with the Purposes. The Personal Information will be held primarily in an electronic database.

You have certain rights to access and rectify your Personal Information contained in the file held about you and in order to exercise this right, or if you have any questions or concerns, you may use the contact information provided below. If the Personal Information collected is incorrect, inaccurate or outdated, the Administrator will correct such information within a reasonable period of time.

RenassistPLUS hereby agrees to respect and observe the provisions set forth in the Quebec Act Respecting the Protection of Personal Information in the Private Sector (the "Act") and any other applicable privacy federal or provincial legislation. To the extent there is additional protection afforded to a RenassistPLUS member pursuant to the Act or any other applicable privacy legislation, and same is not set forth herein, the RenassistPLUS program agrees to take such measures to give full effect to such additional protection.

If you have any questions or concerns about our privacy practices or want to have access to and have your Personal Information corrected, please contact the Administrator: Medicum Patient Support Program Inc., 1965 Ste-Angélique Road, Suite #210, St-Lazare, QC J7T 0E2, 1-866-424-8051.

This is a completely voluntary program and you may cancel your participation at any time and without reason by calling 1-888-425-4682. Once you unsubscribe, you will no longer be eligible to continue in the RenassistPLUS program, your Personal Information will no longer be used, however, any Personal Information already provided at the time of your cancellation may be used in an aggregated and anonymous fashion for the Purposes of the RenassistPLUS program.